



**Northwest PADRECC**  
**Parkinson's Disease Research, Education & Clinical Center**

Portland VA Medical Center ♦ 3710 SW US Veterans Hospital Road ♦ P3-PADRECC ♦ Portland, OR 97239 ♦ (503) 721-1091

**VA SPECIAL FELLOWSHIP IN MOVEMENT DISORDERS - APPLICATION**

PLEASE TYPE OR PRINT LEGIBLY – all questions must be answered in full, and all materials must be included. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. Form must have original signatures.

<b>Name:</b>			
Last Name	First Name	Middle Name	Maiden Name
<b>Present Address:</b>			
Number & Street	City	State	Zip
<b>Home Address:</b>			
Number & Street	City	State	Zip

<b>Date of Birth:</b>	<b>Present Telephone Number:</b>	Attach hard copy of applicant photograph here (required)
<b>Place of Birth:</b>	<b>Cell Phone Number:</b>	
<b>Social Security Number:</b>	<b>Pager Number (required):</b>	
<b>Email Address (required):</b>		
<b>Country of Citizenship:</b> <input type="checkbox"/> USA <input type="checkbox"/> Other	<b>If not US Citizen, list visa type and number:</b>	

<b>Colleges or Universities:</b>	<b>Degree/Certificate:</b>	<b>Dates Attended:</b>
<b>Medical School:</b>	<b>Degree:</b>	<b>Dates:</b>
<b>Internship Hospital:</b>	<b>Service:</b>	<b>Dates:</b>
<b>Residency Hospital:</b>	<b>Service:</b>	<b>Dates:</b>
<b>Staff Positions Hospital:</b>	<b>Service:</b>	<b>Dates:</b>

<b>USMLE Scores:</b>	<b>OR</b>	<b>NBME:</b>
Grade Step 1 _____		Grad Part I _____
Grade Step 2 _____		Grad Part II _____
Grade Step 3 _____		Grad Part III _____

<b>Check One:</b>	<b>Year:</b>
Neurology <input type="checkbox"/> Board Eligible <input type="checkbox"/> Board Certified	

<b>Licensure if any:</b>	
<b>State(s):</b>	<b>License Number(s):</b>

**Research experience, publications, special skills:**

**Electives, foreign travel, special medical experiences:**

**Honors:**

**Future plans in medicine:**

**Major extracurricular interests:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants will not be considered without **(a) a fully completed application with original signature, (b) photograph of applicant, (c) three letters of recommendation, (d) curriculum vitae, and (e) personal statement.** One letter of recommendation must be from the Director of the applicant's residency program

**All application materials and letters of recommendation should be mailed to:**

Attn: Movement Disorders Fellowship Program  
Parkinson's Center at OHSU  
Mail Code: OP-32  
3181 SW Sam Jackson Park Rd.  
Portland, Oregon 97239

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**Optional:** the following information is to be used by Affirmative Action Program for statistical purposes only:

Race \_\_\_\_\_ Sex \_\_\_\_\_